### STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS

### (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	<u> 1aura M. Wes</u>	ton		
II. Name of lobbyist's partners	hip, firm or corporation, if a	ny:		
MM Weston +	ASSOCIARS, PL	LC		
(Name of partner	ship, firm or corporation)			
PO BOX 990	Concord	,NH	03302 (Zip Code)	
Business Address: (Street)	(Townseny)	(State)		
(603) 224·4077 (Telephone)	(403) 224-40 (Fax)	99 e-mail <u>Mui</u>	irae MMWeston:	on microsoft.
III. This statement covers: (Chereportable expense transaction			ı may file a separate rej	port for
All reportable transactions oc	curring in the months prior to	the reporting date relative	to the following client:	
Maximus				
(Full Nam	e of Client as it appears on the Lo	bbyist Registration Form)		
All reportable transactions by unrelated to any particular client.	the lobbyist (including the lob	byist's family), or the lobb	ying firm listed below w	hich are
IV. Date of Report April 26 Reports cover: activity from dat	, 2017 V	July 26, 2017   activity from 4/1/17 to 6/3		
	25, 2017 🗔 n 7/1/17 to 9/30/17	January 31, 2018 activity from 10/1/17 to 1		
V. There have been no fees r If this box is checked, complete in Concord, NH 03301.	eceived and no reportable ust this form and submit it to the	e transactions made sin the Secretary of State's Office	ce the last report. Lee, State House, Room 20	~ )4,
VI, Check if additional reports	are attached:			
If you have received fees or	made expenditures, you must f			
If you have paid an honoraring Expense Reimbursement	um or reimbursed expenses, yo	ou must file Addendum B	- Report of Honorariums	or
If you, your firm, or your far	nily has made political contrib	utions, you must file Adde	ndum C- Political Cont	ributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k	RSA 14-C and RSA 664 and h	ercby swear or affirm that	the foregoing information	n is true
1/1/1/1/2	The victoria	4-24-1	1	
(Signature of lobbyist)			(Date)	
Maura M. Wester	)			
(Print Name of lobbyist)				

# PLEASE PRINT

## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Maura M. Weston	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	***
III. Name of Client MAXIMUS	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The grareduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$_6000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made may be filed for the lobbyist(s)/fire aggregate total of all expenses partnerses; (b) the aggregate total of a e: meals purchased during a business than \$10 that is given to the person dwith a value of \$25.00 or less); arting period of greater than \$25.00 fire of greater than \$25, purchase of the total return than \$25, but not greater than \$5 expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$_6006
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI	2/2

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>(</u> & C \ C \ C \ C \ C \ C \ C \ C \ C \ C			
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$			
f) Total of all expenses year to date	f)\$_600c			
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting			
Paid to:	Amount:			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
***************************************				
Sworn Statement/Affirmation by Lobbyist				
l have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.				
12/h	4-210-17			
(Signature of lobbyist)	(Date)			
Maura M. Weston (Print Name of lobbyist)				